



421 North 7th Street, Suite 700, Philadelphia, PA 19123

Office of Admissions

Financial Information Form: Nonimmigrant (F-1)
ThM

International Students who apply to MISSIO Seminary must demonstrate full financial support before an admissions decision can be made and a student visa can be issued. Please calculate your **estimated expenses** and indicate the sources of your financial support as requested below, sign, and return this form to MISSIO Seminary/Admissions Office, 200 North Main Street, Hatfield, PA 19440 (USA). The Affidavit(s) of Support will verify that the financial sources listed below are valid. Affidavits of Support can be obtained by contacting the Office of Admissions at 215.368.5000.

Section A

Please provide the address from your home country (required on I-20):

Name _____

Address _____

Province/Territory _____ Postal Code _____ Country Year enrolled _____

at MISSIO: Year 1 Year 2

Section B

Estimated Expenses for the Academic Year (Fall & Spring Semesters):

Tuition and Fees

\$6,600

\$600

Textbooks & Materials (Estimated)

Living Expenses (Estimated)

\$18,000

Number of dependents _____ x \$4,100 (Enter total)

Other

TOTAL

Section C

Guaranteed Income (Indicate below the source and amount of money to be contributed to your expenses.)

Student's funds (attach evidence of funds) _____

Family funds (attach evidence of funds) _____

Other (Please specify) _____

TOTAL

This total must be equal to or greater than the total indicated in Section B.

Section D International students applying for the ThM program should financially plan for a two year program.

I verify that the guaranteed income figures indicated above are correct and sufficient to cover the cost of my tuition and living expenses; therefore, I will not plan to be dependent upon employment while I am a student at MISSIO Seminary. The estimated living expenses include the cost of health insurance. All matriculating students are strongly encouraged to purchase health insurance. The United States does not have a government medical plan. The seminary has brochures available upon request, describing a health insurance program for international students.

Student's Printed/Typed Name _____

Student's Signature _____

Date _____